

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 177
Registered No. 203

PLACE OF BIRTH

County Gila State Arizona
District or Township Globe or Village _____
City Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

Full name of child Baby Costello (If child is not yet named, make supplemental report, as directed.)

Sex of Child <u>male</u>	To be answered ONLY In event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>	7. Date of birth <u>Oct 31, 1929</u> Month Day Year
		5. No., in order of birth _____		

FATHER
Full name Aubrey S. Costello
1. Residence
(Usual place of abode) Globe
If non-resident, give place and state. Ariz.

MOTHER
Full maiden name Marie Schrott
15. Residence
(Usual place of abode) Globe
If non-resident, give place and state. Ariz.

8. Color or race
white
11. Age at last birthday 39 (Years)

16. Color or race
white
17. Age at last birthday 29 (Years)

2. Birthplace (city or place) _____
(State or country) Michigan

18. Birthplace (city or place) Menard
(State or country) Kans.

13. Occupation Truck Driver
Nature of Industry _____

19. Occupation Housewife
Nature of Industry _____

20. Number of children of this mother <u>5</u> Taken as of time of birth of child herein certified and including this child.	(a) Born alive and now living <u>4</u> (b) Born alive but now dead <u>1</u> (c) Stillborn _____	21. Were precautions taken against oph- thalmia neonatorum? <u>yes</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn at 4:05 A. m. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature T. C. Harper

(Physician or midwife).

Given name added from _____
Month, day, year _____
Address Globe, Arizona

Filed Nov 9, 1929 G. E. Wightman
Registrar

Registrar

036-1021-428